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Date: 15-Sep-05

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From: Michael D. Plimier

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Subject: Response to Notice of Non-Compliant Amendment
for Application Serial No. 10/670,699

A CONFIRMATION COPY OF THIS DOCUMENT:

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Application No.: 10/670,699
Filing Date: September 24, 2003
First Named Inventor: James Christopher Matayabas, Jr.
Group Art Unit: 3743
Examiner Name: Duong, Tho V.
Attorney Docket No.: P17196

Enclosures:

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2005 (1 page in duplicate).
3. Response to Notice of Non-Compliant Amendment (2 pages).

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PTO/SB/21 (08-04)

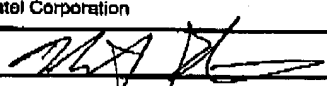
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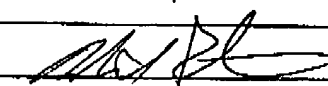
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	1/670,699
	Filing Date	September 24, 2003
	First Named Inventor	Jamos Christopher Malayabas, Jr.
	Art Unit	3743
	Examiner Name	Duong, Tho V.
	Attorney Docket Number	P17195
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Intel Corporation	
Signature		
Printed name	Michael D. Plimier	
Date	September 15, 2005	Reg. No. 43,004

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Signature	
Typed or printed name	Michael D. Plimier
Date	September 15, 2005

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SEP 15 2005

PTO/SD/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/670,699
Filing Date	September 24, 2003
First Named Inventor	James Christopher Matavabas
Examiner Name	Duong, Tho V.
Art Unit	3743
Attorney Docket No.	P17196

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	0

HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)
0

Other (e.g., late filing surcharge):

0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Plimier	Date September 15, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/670,699
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Filing Date	September 24, 2003
		First Named Inventor	James Christopher Matayabas
		Examiner Name	Duong, Tho V.
		Art Unit	3743
		Attorney Docket No.	P17196

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fees Paid (\$)

 - 20 or HP = x = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fees Paid (\$)

 - 3 or HP = x = 0

HP = highest number of independent claims paid for, if greater than 3.


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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fees Paid (\$)

 - 100 = / 50 = (round up to a whole number) x = 0
4. OTHER FEE(S)
 Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

 Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Pimler	Date September 16, 2005	

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CENTRAL FAX CENTERAttorney's docket: P17196**SEP 15 2005**Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



James Christopher Matayabas, Jr.

Application No. 10/670,699

Filed: September 24, 2003

For: **THERMAL INTERFACE
WITH ALIGNED CARBON
NANOTUBES**

Examiner: Duong, Tho V.

Art Group: 3743

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Sir:

In response to the Notice of Non-Compliant Amendment mailed September 9, 2005, Applicant hereby elects to prosecute the species of Figure 4, including claims 1, 2, and 5-14. Applicant also notes that claims 1 and 5-8 are generic to both the species of Figure 4 and the species of Figure 7.

Respectfully submitted,

Dated: September 15, 2005

A handwritten signature of Michael D. Plimier.

Michael D. Plimier
Reg. No. 43,004
ATTORNEY FOR APPLICANT'SIntel Corporation
Mail Stop SC4-202
P.O. Box 5326
Santa Clara, CA 95056-5326
(408) 765-7857

CERTIFICATE OF TRANSMISSION
(37 C.F.R. § 1.8(a))

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Michael D. Plimier
Name of Person Sending Facsimile


Signature